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*None, HN*

## \*\* CONTINUING DATA

*None, HN*

## \*\* FOREIGN APPLICATIONS

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/10/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance		
Verified and Acknowledged Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MA	6	19/11	8/3

## ADDRESS

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## TITLE

MULTI-LINE APPEARANCE TELEPHONY VIA A COMPUTER NETWORK

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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